

Becket Systems

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/22/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 10 sessions of work conditioning (right shoulder, cervical spine)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for 10 sessions of work conditioning (right shoulder, cervical spine) is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. On this date he lifted a box weighing approximately 30 pounds when he fell and landed on his right shoulder. Treatment to date includes physical therapy x 13, injection x 3 and medication management. Designated doctor evaluation dated 12/10/13 indicates that the patient had not reached maximum medical improvement at that time, but was expected to on or about 03/10/14. Functional capacity evaluation dated 07/01/14 indicates that the patient is able to lift at a sedentary PDL, push at a light PDL, and pull at a medium PDL. Required PDL is listed as medium. Psychosocial history dated 07/31/14 indicates that BAI is 21. Follow up report dated 10/21/14 indicates that the patient completed 10 sessions of work conditioning program on this date. He is experiencing neck and right shoulder pain. The patient is not taking any medications. On physical examination strength was 5+/5+ for the right upper extremity. Sensory exam is intact. Deep tendon reflexes are +2/+2 at biceps, triceps, brachioradialis and patella. There is mild tenderness and spasm of cervical paraspinal to palpation. Range of motion in extension and right rotation are within normal limits. Foraminal compression test elicited bilateral neck pain. Compensable diagnoses are listed as rotator cuff tear, humeral head fracture, cervical sprain/strain and shoulder sprain/strain. The patient was recommended for additional work conditioning program for two weeks to improve functional activities, improve cardiovascular endurance, flexibility and overall body strength. Letter of medical necessity dated 12/08/14 indicates that the patient is motivated. Pain decreased from 9 to 4/10 in work conditioning, his strength increased from 5-/5 to 5+/5. Tenderness in the neck and shoulder decreased from moderate to mild.

Initial request for 10 sessions of work conditioning was non-certified on 12/04/14 noting that there are no current examination results to show functional progress in the treatment of the EE, therefore additional work conditioning sessions is non-certified. The denial was upheld

on appeal dated 12/16/14 noting that the patient went from sedentary/light PDL to light/medium PDL from 07/01/14 to 07/16/14. However, there was no other objective functional progress documented in the clinical notes. Additionally, there was no progress documented from the previous goals set in the functional capacity evaluation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient sustained injuries on 02/15/13 and has subsequently completed 13 physical therapy visits and 10 work conditioning visits. The Official Disability Guidelines would support up to 10 visits/30 hours of work conditioning, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient's strength is noted to be +5/+5, and the patient is not currently taking any medications. The patient should be well-versed in a home exercise program at this time and encouraged to perform this program. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for 10 sessions of work conditioning (right shoulder, cervical spine) is not recommended as medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)